



Lincoln-Lancaster County Health Department  
Environmental Public Health Division – Air Quality Program  
3140 N Street, Lincoln, NE 68510

## **FIRE TRAINING DEMOLITION NOTIFICATION**

I. Type of Notification: ☐ Original (O) ☐ Revised (R) ☐ Canceled (C)

II. Fire Department Information:

Department Name:		
Street Address:		
City:	State:	ZIP:
Contact:		Tel:

III. Structure Owner Information:

Owner Name:		
Street Address:		
City:	State:	ZIP:
Contact:		Tel:

IV. Structure Information:

Street Address:		
City:	State:	ZIP:
Building Size:	# of Floors:	Age in Years:
Present Use:		Prior Use:

V. Was the structure inspected for asbestos-containing materials? ☐ Yes ☐ No

Is asbestos present? ☐ Yes ☐ No Quantity of asbestos: \_\_\_\_\_ lbs.

Asbestos removal contractor (if applicable): \_\_\_\_\_

Scheduled dates of asbestos removal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

--

VII. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

--

VIII. Description of the procedures to be followed in the event that unexpected asbestos is found:

--

IX. Location of ash and burnt debris disposal: \_\_\_\_\_

\* Ash and burnt debris must be disposed of in a permitted municipal solid waste landfill.

X.     **Proposed fire training dates:**     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     **to**     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
       **Alternate fire training dates:**     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     **to**     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

XI.    **Was a permit obtained from the State Fire Marshal?**     ☐ **Yes**     ☐ **No**

          \* To conduct a lawful fire training exercise, a permit must be obtained from the State Fire Marshal prior to the training.

XII.   **I certify that the above information is correct and that the above referenced fire training will be conducted in accordance with all State and Federal Regulations**

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

**SUBMIT TO:**   Lincoln-Lancaster County Health Department  
                  Air Quality Program  
                  3140 N Street  
                  Lincoln, NE 68510  
                  ph: (402) 441-8040  
                  fax: (402) 441-3890

**\* - Please read fire training policies and guidelines.**